

<i>SERFF Tracking Number:</i>	<i>NWST-127037580</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Northwestern Mutual Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48096</i>
<i>Company Tracking Number:</i>	<i>90-1900 (0411)</i>		
<i>TOI:</i>	<i>A02.11 Individual Annuities- Deferred Non-Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.11.002 Flexible Premium</i>
<i>Product Name:</i>	<i>90-1900 (0411)</i>		
<i>Project Name/Number:</i>	<i>90-1900 (0411)/90-1900 (0411)</i>		

## Filing at a Glance

Company: The Northwestern Mutual Life Insurance Company

Product Name: 90-1900 (0411)

SERFF Tr Num: NWST-127037580 State: Arkansas

TOI: A02.11 Individual Annuities- Deferred Non-Variable and Variable

SERFF Status: Closed-Approved-Closed

State Tr Num: 48096

Sub-TOI: A02.11.002 Flexible Premium

Co Tr Num: 90-1900 (0411)

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Angela Hanson, Julie Lewandowski, Jason Gross

Disposition Date: 03/01/2011

Date Submitted: 02/24/2011

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: 90-1900 (0411)

Status of Filing in Domicile: Pending

Project Number: 90-1900 (0411)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 03/01/2011

State Status Changed: 03/01/2011

Deemer Date:

Created By: Julie Lewandowski

Submitted By: Julie Lewandowski

Corresponding Filing Tracking Number:

Filing Description:

We are submitting application form 90-1900 (0411) for your review and approval. We plan to introduce this form in the second quarter of 2011.

Form 90-1900 (0411), Application for Deferred Annuity, will be used to apply for our previously approved deferred annuity products which include variable and non-variable contracts.

Form 90-1900 (0411) will replace form 90-1900 (0805) which was approved by your department on December 1, 2004.

<i>SERFF Tracking Number:</i>	<i>NWST-127037580</i>	<i>State:</i>	<i>Arkansas</i>
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Based on this information, your review and approval of the above referenced form is respectfully requested. If you have any questions, please call me at (414) 665-4549 or e-mail me at [jasongross@northwesternmutual.com](mailto:jasongross@northwesternmutual.com). On e-mails, please copy Julie Lewandowski at [julielewandowski@northwesternmutual.com](mailto:julielewandowski@northwesternmutual.com).

Sincerely,

Jason Gross, FLMI  
Product Compliance Specialist

## Company and Contact

### Filing Contact Information

Jason Gross, Product Compliance Specialist	<a href="mailto:jasongross@northwesternmutual.com">jasongross@northwesternmutual.com</a>
720 E. Wisconsin Ave.	414-665-4549 [Phone]
Milwaukee, WI 53202	414-665-5006 [FAX]

### Filing Company Information

The Northwestern Mutual Life Insurance Company	CoCode: 67091	State of Domicile: Wisconsin
720 East Wisconsin Avenue	Group Code: 860	Company Type: Life
Rm S845	Group Name:	State ID Number:
Milwaukee, WI 53202	FEIN Number: 39-0509570	
(414) 271-1444 ext. [Phone]		

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per form x 1 form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Northwestern Mutual Life Insurance	\$50.00	02/24/2011	45026660

<i>SERFF Tracking Number:</i>	<i>NWST-127037580</i>	<i>State:</i>	<i>Arkansas</i>
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**Company**

<i>SERFF Tracking Number:</i>	<i>NWST-127037580</i>	<i>State:</i>	<i>Arkansas</i>
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	03/01/2011	03/01/2011

<i>SERFF Tracking Number:</i>	<i>NWST-127037580</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 03/01/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>NWST-127037580</i>	<i>State:</i>	<i>Arkansas</i>
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Supporting Document</b>	Form Certification		Yes
<b>Form</b>	Application for Deferred Annuity		Yes

SERFF Tracking Number:	NWST-127037580	State:	Arkansas
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## Form Schedule

**Lead Form Number: 90-1900 (0411)**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	90-1900 (0411)	Application/ Enrollment Form Application for Deferred Annuity	Revised	Replaced Form #: 90-1900 (0805) Previous Filing #:	50.100	AR_90_1900_(0411)[1].pdf

THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY  
720 East Wisconsin Avenue, Milwaukee, Wisconsin 53202

Contract Number

APPLICATION FOR DEFERRED ANNUITY

1. OTHER POLICIES

Has a Northwestern Mutual policy ever been issued on the annuitant's life?

☐ Yes, the last policy number is: \_\_\_\_\_ ☐ No

2. ANNUITANT

Name: First, MI, Last \_\_\_\_\_

Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ (MM/DD/YYYY)

Residence Address (Required) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(If different than residence address)

City, State, Zip \_\_\_\_\_

Country, if other than US \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_

Taxpayer ID \_\_\_\_\_

US Citizen? ☐ Yes ☐ No (If no, provide copy of green card)

If no, what country? \_\_\_\_\_

3. MARKET Select one:

☐ Non-Tax Qualified

☐ 457 Deferred Compensation Plan ☐ Government ☐ Non-profit

☐ Traditional IRA

☐ Roth IRA

☐ SIMPLE IRA

☐ Simplified Employee Pension Plan IRA (SEP)

☐ Pension & Profit Sharing:

Trust Number \_\_\_\_\_  
Name of Trust \_\_\_\_\_

Proceed to  
Section 5 unless  
Annuitant is a  
minor.

Proceed  
to  
Section 6.

4. OWNER (If more than one owner, copy page 1 of this application and complete the owner section for each additional owner.)

A minor **cannot** own an annuity contract.

Select one:

☐ Annuitant (Proceed to Section 5.)

☐ See attachment (Complete U.S. Citizen question, then proceed to section 5.)

☐ UGMA/UTMA – custodian is owner for the benefit of minor.

☐ Beneficiary of Deceased \_\_\_\_\_, Deceased

FBO \_\_\_\_\_ Beneficiary

☐ Corporation

☐ Trust

☐ Other

Name: First, MI, Last/Corporation/Trust \_\_\_\_\_

Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ (MM/DD/YYYY)

Residence Address (Required) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(If different than residence address)

City, State, Zip \_\_\_\_\_

Country, if other than US \_\_\_\_\_

Relationship to Annuitant \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_

Taxpayer ID \_\_\_\_\_

US Citizen? ☐ Yes ☐ No (If no, provide copy of green card)

If no, what country? \_\_\_\_\_

Date of Trust \_\_\_\_\_ Name of Trustees \_\_\_\_\_

Successor Owner: **Do not** complete if applying for a tax qualified contract or if the owner and the annuitant are the same person.

Successor Owner Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Taxpayer ID \_\_\_\_\_  
(MM/DD/YYYY)

Relationship to Annuitant \_\_\_\_\_



## 5. BENEFICIARY (Upon the death of the Annuitant)

Cannot be annuitant.

If no beneficiary is listed, Estate of Annuitant will be named.

☐ See attachment – Proceed to Section 6.

Direct Beneficiary: ☐ Owner ☐ Other – Enter information below:

Name \_\_\_\_\_

Taxpayer ID \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_

Taxpayer ID \_\_\_\_\_ Relationship \_\_\_\_\_

☐ And all (other) children including legally adopted children, of the Annuitant as additional Direct Beneficiaries.

### Contingent Beneficiary:

Name \_\_\_\_\_

Taxpayer ID \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_

Taxpayer ID \_\_\_\_\_ Relationship \_\_\_\_\_

☐ And all (other) children including legally adopted children, of the Annuitant as additional Contingent Beneficiaries.

## 6. REPLACEMENT

Note to Agent: Refer to the Applicant's Statement of Existing Coverage (90-2048). This form must be completed and signed for every application.

As a result of this purchase, will the values or benefits of any other life insurance policy or annuity contract, on any life be affected in any way?

☐ Yes ☐ No

Note to Agent: If either the question above, or the question on the Applicant's Statement of Existing Coverage, is answered "yes," then the Important Notice must be completed and signed.

Will this annuity:

- |                                 |                              |                             |
|---------------------------------|------------------------------|-----------------------------|
| A. Replace Northwestern Mutual? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Replace other companies?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Result in 1035 exchange?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## 7. PLAN

Select one:

☐ Select Variable Annuity

☐ Fixed Annuity – Single Premium Retirement Annuity – \$10,000 minimum\*

Guaranteed Period – select one:

- ☐ Select Gold – 1 year
- ☐ Select Gold – 1 Year *with* First Year Rate Enhancement\*
- ☐ Select Gold – 3 Year
- ☐ Select Platinum – 1 Year
- ☐ Select Platinum – 1 Year *with* First Year Rate Enhancement\*
- ☐ Select Silver – 5 Year

\*\$50,000 minimum required with First Year Rate Enhancement

Note: The First Year Rate Enhancement may not be available.

## 8. INITIAL PAYMENT

Make checks payable to Northwestern Mutual

### METHOD OF PAYMENT

☐ Check attached Amount \$ \_\_\_\_\_

☐ Check coming from another institution \$ \_\_\_\_\_  
Estimated Amount

☐ Electronic Funds Transfer (EFT) – Variable Annuity only.

☐ Multiple Contract Bill (MCB) – Variable Annuity only.  
Required for SIMPLE IRAs.

### FOR TAX-QUALIFIED CONTRACTS ONLY – Check all that apply

CAUTION: Accurate selection in the following sections is needed to assure correct tax reporting. For advice, consult your tax professional.

### New Contributions:

For Roth and Traditional IRAs, enter the applicable Current and Prior Tax Year(s) and the respective amount(s).

Current Tax Year \_\_\_\_\_ Amount \$ \_\_\_\_\_

Prior Tax Year \_\_\_\_\_ Amount \$ \_\_\_\_\_

### Direct Transfer and/or Rollover:

☐ Direct Transfer – Check from third party must be made payable as follows: "Northwestern Mutual FBO (Name of Contract Owner)."

☐ 60-Day Rollover – Personal check from owner or check endorsed to Northwestern Mutual.

### Source of funds for Direct Transfer and/or Rollover:

☐ Traditional IRA ☐ Roth IRA

☐ Simple IRA – Owner must have participated in plan for at least two years.

☐ SEP ☐ TDA ☐ 401(g) ☐ Former Pension

☐ Pension & Profit Sharing (401(k), money purchase plan, etc.)

☐ 457 Deferred Compensation - Government Plans only

FOR VARIABLE ANNUITY, GO TO PAGE 3.

FOR FIXED ANNUITY, GO TO PAGE 5.

## VARIABLE ANNUITY SECTION

For fixed annuity, go to page 5

### V1. SCHEDULED PAYMENTS

You may select either MCB or EFT. ISA Number

☐ **Multiple Contract Bill (MCB)**

Amount \$  MCB Number

MCB Payer Name

☐ **Electronic Funds Transfer (EFT)**

You must attach a voided check.

Select one:

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Amount \$  First Draft Date   
(MM/DD/YYYY)

Bank Transit Number

Account Number

☐ Checking ☐ Savings

**Bank Account Owner – Select one**

☐ **Annuitant** ☐ **Other** – Enter information below:

Name     
FIRST MI LAST

Residence Address

City, State, Zip

Taxpayer ID

Signature below (or on page 5 if Bank Account Owner is the Applicant) is authorization to charge the account named above with electronic funds transfers initiated by Northwestern Mutual to its own order. This authorization will remain in effect until revoked in writing.

X   
Signature of Bank Account Owner

### V2. TYPE

☐ **Back-End Design** – Minimum initial purchase payment for non-tax qualified market \$5,000.

☐ **Front-End Design** – Minimum initial purchase payment \$10,000.

The front-end design may provide better long term financial value than the back end design. Factors to consider in making a decision include the expected holding period of the annuity as well as anticipated liquidity needs.

### V3. OPTIONAL ENHANCED DEATH BENEFIT

☐ I elect the Enhanced Death Benefit rider. There is an additional charge. Available to age 65. See prospectus for more information.

### V4. OPTIONS

☐ **Dollar Cost Averaging from the Money Market Fund** - \$100 minimum transfer amount

Amount: \$  Monthly ☐ Quarterly ☐

Complete Payment Allocation column and Dollar Cost Averaging column on page 4.

☐ **Portfolio Re-Balancing**

Minimum initial payment of \$10,000 required.

☐ Monthly

☐ Quarterly

☐ Semi-Annually

☐ Annually

Re-balancing transfers will be made according to the Payment Allocation elected in section V5.

If both Dollar Cost Averaging & Portfolio Rebalancing are chosen, Rebalancing transfers will be made according to the DCA.

### V5. PAYMENT ALLOCATION

Complete either section A or B

**Section A-** After the risk tolerance of the Owner has been determined, select one.

**Asset Allocation Models – Select One**

☐ Conservative Asset Allocation Model

☐ Balanced Asset Allocation Model

☐ Very Aggressive Asset Allocation Model

☐ Moderately Conservative Asset Allocation Model

☐ Aggressive Asset Allocation Model

These models are designed to assist the Owner in setting up an allocation of initial purchase payments. Each is comprised of a combination of Divisions representing various asset classes. The models are static (fixed), so any investment allocations after the contract's inception must be made by the Owner. There will be no automatic rebalancing to these models unless Portfolio Rebalancing is chosen in section V4 on page 3 of this Application. Dollar Cost Averaging is not available if an Asset Allocation Model is chosen, as none of the five Asset Allocation Models listed above allocates to the Money Market Division.

OR (Continue to page 4)

**V5. PAYMENT ALLOCATION (continued)****Section B**

- Complete Payment Allocation column.
- *If Dollar Cost Averaging is chosen*, a percentage must be indicated in the Money Market Fund of the Payment Allocation column and the Dollar Cost Averaging column must be completed.
- *If Portfolio Re-balancing is chosen*, transfers cannot be made to or from the Guaranteed Accounts. If a Guaranteed Account is elected as a Payment Allocation, PRB must be added after the contract is issued. Your agent can submit a request through the Northwestern Mutual Service Request Center.
- Use whole percentages totaling 100%.

DIVISION	Payment Allocation %	Dollar Cost Averaging %	DIVISION	Payment Allocation %	Dollar Cost Averaging %
Large Company Value (MSA/American Century) .....			International Growth (MSA/Janus) .....		
Domestic Equity (MSA/Capital Guardian) .....			Emerging Markets Equity (MSA/MFS) .....		
Equity Income ((MSA/T Rowe Price) .....			Russell Non-US .....		
Large Cap Blend (MSA/Capital Guardian) .....			Short Term Bond (MSA) .....		
Index 500 Stock (MSA) .....			Select Bond (MSA) .....		
Large Cap Core Stock (MSA) .....			Russell Core Bond .....		
Neuberger Berman Socially Responsive .....			Inflation Protection (MSA/ American Century) .....		
Russell Multi-Style Equity .....			Long Term U.S. Government Bond (MSA/PIMCO) .....		
Fidelity VIP Contrafund .....			Multi Sector Bond (MSA/PIMCO) .....		
Focused Appreciation (MSA/Janus) .....			High Yield Bond (MSA) .....		
Growth Stock (MSA) .....			Asset Allocation (MSA) .....		
Mid Cap Value (MSA/American Century) .....			Balanced (MSA) .....		
Fidelity VIP Mid Cap .....			Russell Global Real Estate Securities <sup>1</sup> .....		
Index 400 Stock (MSA) .....			Commodities Return Strategy (MSA/Credit Suisse) .....		
Mid Cap Growth Stock (MSA) .....			Russell LifePoints Variable Moderate .....		
Small Cap Value (MSA/T Rowe Price) .....			Russell LifePoints Variable Balanced .....		
Index 600 Stock (MSA) .....			Russell LifePoints Variable Growth .....		
Russell Aggressive Equity .....			Russell LifePoints Variable Equity Growth .....		
Small Cap Growth Stock (MSA) .....			Money Market (MSA) .....		N/A
Research International Core (MSA/MFS) .....					
International Equity (MSA/Franklin Templeton) .....			Guaranteed Interest Fund 1 .....		
			Guaranteed Interest Fund 8* .....		N/A
			<input type="checkbox"/> Preservation+ Strategy** .....		
			TOTAL	100%	100%

<sup>1</sup>Effective May 1, 2011, the investment option name of Russell Real Estate Securities was changed to Russell Global Real Estate Securities.

**PRESERVATION+ STRATEGY\*\***

If selected, the amount indicated on the Guaranteed Interest Fund 8 Payment Allocation line will be split as follows: a portion to the Guaranteed Interest Fund 8 (GIF8) and the balance to the selected allocation.

Select **one** if Preservation+ Strategy selected above

<input type="checkbox"/> Conservative Asset Allocation Model	<input type="checkbox"/> Aggressive Asset Allocation Model	<input type="checkbox"/> Russell LifePoints Variable Growth	<input type="checkbox"/> Balanced Division
<input type="checkbox"/> Moderately Conservative Asset Allocation Model	<input type="checkbox"/> Very Aggressive Asset Allocation Model	<input type="checkbox"/> Russell LifePoints Variable Balanced	<input type="checkbox"/> Asset Allocation Division
<input type="checkbox"/> Balanced Asset Allocation Model	<input type="checkbox"/> Russell LifePoints Variable Equity Growth	<input type="checkbox"/> Russell LifePoints Variable Moderate	<input type="checkbox"/> Index 500 Stock Division

**\*Guaranteed Interest Fund 8:**

- Available only with the Back-End Design.
- If selected, \$10,000 minimum and no subsequent additions allowed to this fund.
- The Guaranteed Interest Fund 8 may be selected with or without the Preservation+ Strategy.

**\*\*Preservation+ Strategy:**

- Available only with the Back-End Design.
- The portion applied to the GIF8 shall be the amount necessary, accumulated at the GIF8 declared interest rate, to provide an Accumulation Value in the GIF8 on the eighth anniversary of the contract equal to the total amount allocated to the Preservation+ Strategy, assuming no withdrawals or transfers will be made or fees taken from the GIF8 during the first eight contract years.

The parenthetical next to certain divisions listed above reflects the adviser (Mason Street Advisors, LLC) and the sub-adviser, if any, for the corresponding investment option. Assets of a division of a separate account are invested exclusively in the corresponding investment options. MSA has engaged and oversees sub-advisers who manage those investment options. The sub-advisers may be replaced without shareholder approval. Please see the Prospectus for the Northwestern Mutual Series Fund for more information. Additional fund options are advised by Russell Investment Group, Fidelity Investments and Neuberger Berman.

## SIGNATURES

IT IS UNDERSTOOD AND AGREED THAT:

For a Variable Annuity:

- The effective date of the initial Purchase Payment is the date the initial Purchase Payment is applied under the contract. The initial Purchase Payment shall be applied no later than two Business Days after the Valuation Date on which the initial Purchase Payment has been received at the Home Office if a properly completed Application for Deferred Annuity has also been received at the Home Office.
- The Prospectus or Offering Circular and Report has been received and it is understood that all payments and values provided by the contract applied for, when based on the investment experience of a separate account, are variable and are not guaranteed as to amount.
- A withdrawal charge may be imposed on withdrawals from the back-end design contract. In addition, the back-end design contract provides for a market value adjustment on withdrawals or transfers from the Guaranteed Interest Fund 8.

For a Fixed Annuity – Single Premium Retirement Annuity:

- The purchase payment will be credited on the date all requirements are received at the Home Office. Receipt of the purchase payment(s) at a payment facility designated by Northwestern Mutual will be considered the same as receipt at the Home Office.
- A withdrawal charge may be imposed on early withdrawals. In addition, some contracts provide for a market value adjustment on withdrawals.
- Contracts with the First Year Rate Enhancement will be credited with a higher interest rate than contracts without the First Year Rate Enhancement during the first contract year. During the withdrawal charge period after the first contract year, the interest rate credited to contracts without the First Year Rate Enhancement will be higher than the interest rate credited to contracts with the First Year Rate Enhancement.
- Contracts with the First Year Rate Enhancement will have a higher Accumulation Value early in the withdrawal charge period than contracts without the First Year Rate Enhancement. By the end of the withdrawal charge period contracts without the First Year Rate Enhancement are likely to have higher Accumulation Values than contracts with the First Year Rate Enhancement.
- During the withdrawal charge period, the declared annual effective interest rates for subsequent guaranteed periods on Select Gold contracts will more closely follow future market interest rate trends and as a result are more likely to fluctuate than interest rates declared after the first contract year on Select Platinum contracts.

If a trustee is named as a beneficiary and no qualified trustee makes claim to the proceeds, or to the present value of any unpaid payments under a payment plan, within one year after payment becomes due to the trustee, or if satisfactory evidence is furnished to Northwestern Mutual within that year showing that no trustee can qualify to receive payment, payment will be as provided in the contract as though the trustee had not been named. Northwestern Mutual will be fully discharged of liability for any action taken by the trustee and for all amounts paid to, or at the direction of, the trustee and will have no obligation as to the use of the amounts. In all dealings with the trustee Northwestern Mutual will be fully protected against the claims of every other person. Northwestern Mutual will not be charged with notice of a change of trustee unless written evidence of the change is received at the Home Office.

If this application is for an IRA or Tax Qualified Employee Plan, the appropriate ERISA or IRA disclosure statements have been received and reviewed.

No agent is authorized to make or alter contracts or to waive the rights or requirements of Northwestern Mutual.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

The agent signing below represents and may provide services on behalf of Northwestern Mutual In connection with the placement of insurance. The agent will receive commissions and may receive other performance-based compensation for the placement of this insurance from Northwestern Mutual and/or its affiliates and representatives.

**Each person signing this application declares that the answers and statements made in this application are correctly recorded, complete and true to the best of his or her knowledge and belief.**

Date (MM/DD/YYYY) \_\_\_\_\_ Signed at: City \_\_\_\_\_ State \_\_\_\_\_

X

\_\_\_\_\_  
Signature of Applicant (Indicate relationship to Annuitant)

X

\_\_\_\_\_  
Signature of Annuitant (If other than Applicant)

X

\_\_\_\_\_  
Signature of Licensed Agent

SERFF Tracking Number: NWST-127037580 State: Arkansas  
Filing Company: The Northwestern Mutual Life Insurance Company State Tracking Number: 48096  
Company Tracking Number: 90-1900 (0411)  
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
Variable and Variable  
Product Name: 90-1900 (0411)  
Project Name/Number: 90-1900 (0411)/90-1900 (0411)

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> Flesch Readability Cert.pdf		
<b>Satisfied - Item:</b> Statement of Variability <b>Comments:</b> <b>Attachment:</b> STD 90-1900 (0411) SOV.pdf		
<b>Satisfied - Item:</b> Form Certification <b>Comments:</b> <b>Attachment:</b> AR Form Cert.pdf		

## READABILITY CERTIFICATION

I certify to the best of my knowledge and belief that the following form meets the readability, legibility, and format requirements of any applicable laws and regulations of your state, and that the Flesch Readability Score is as follows:

Form Number	Flesch Readability Score
90-1900 (0411)	50.1

THE NORTHWESTERN MUTUAL  
LIFE INSURANCE COMPANY



Ted A. Matchulat  
Director Product Compliance

02/18/2011

Date

**Statement of Variability**  
**90-1900 (0411)**  
(Variability is denoted by brackets)

<b><i>Location</i></b>	<b><i>Explanation of Variability</i></b>
Section V5	The available funds are bracketed as the names may change or the list may be updated to include additional funds.

THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY

Re: 90-1900 (0411)

We hereby certify that we have carefully reviewed the form(s) submitted herewith and to the best of our knowledge and ability find:

- a. That said form(s) conform(s) to Regulation 19s10B and all applicable Arkansas Insurance Statutes and Department requirements.
- b. That said form(s) contain(s) no provision previously disapproved by the Insurance Department of Arkansas.



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Ted A. Matchulat  
Director Product Compliance

02/24/2011

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Date